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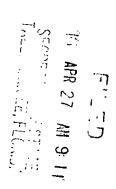
(Re	questor's Name)				
(Address)					
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(Cit	ty/State/Zip/Phone	+ #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

	ivision of Corporations					
SUBJEC	NORM'S PALETTE					
SCHOLC		Limited	Liability Co	ompany)		
The enclo	osed member, resignation or diss	sociatio	n and fee	(s) are submi	ted for filing.	
Please ret	turn all correspondence concerni	ing this	matter to	:		
Kevin Lu	und					
	(Contact Person)					
					三公司	
	(Firm/Company)				STORE 27 M 9 11	•••
	(t mib company)				27	1
32221 W	Vacassa Trail				ini 📜	;
······································	(Address)				ي أ	>
Sorrento	o, FL 32776				(.ii =	-
	(City/State and Zip Code)					
For further	er information concerning this m	natter, p	olease call	:		
Kevin Lu	und	at	407	948-323	7	
	(Name of Contact Person)			le & Daytime	Telephone Number)	
-Enclosed- ■ \$25 Fil	please find a check made payab ling Fee			Department of the Department o		
	C/COURIER ADDRESS:			MAILING Registration	G ADDRESS:	
_	of Corporations			_	f Corporations	
Clifton B	•			P.O. Box 6	-	
	cutive Center Circle ee, Florida 32301			Tallahasse	e, Florida 32314	

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the records	of the Florida Department
2. The Florida doc	ument/registration number a	ssigned to this limited lial	bility company is:
L1200006459	9	•	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/re	esign is:
4. I, Kevin Lund		, hereby withdraw/re	
	lame of Person Resigning)	, nercoy withdraw/iv	Coign as a
Manager			
	(Print Title)		
resignation in wr	bility company and affirm the iting. issociating Member or Resignation		PR 27
_	\$25.00 (Required)		= 0
Certified Copy:	\$30.00 (Optional)		9